

## PROOF OF CLAIM

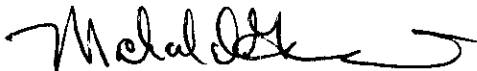
Name of Debtor Debit Corporation of America, Inc.		Case Number 04-14360 - BKC - AJC		IMPORTANT: THIS CLAIM FORM SHOULD ONLY BE USED BY THE CREDITOR WHOSE NAME IS PRINTED ON THIS CLAIM FORM.
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))				
Name of Creditor (The person or other entity to whom the debtor owes money or property): Michael Goins Name and Address where notices should be sent:  Michael Goins 5987 Fairfield Estates Drive Lithonia GA 30058-8345  Telephone Number:		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#): <u>ISA ID# 003828</u> <u>SSN/5699</u>		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____		
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Distributorship Sale</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx</u> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>JULY 28 2003</u>		3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ _____ + \$14,915.00 = \$14,915.00 (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)				
Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>14,915.00</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.		
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)		10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.		
Date <u>5-22-04</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Michael D. Goins</u>   <u>Michael D. Goins</u>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				

May 22, 2004

Case# 04-14360-BKC-AJC Debit Corp of America  
Dear Judge Cristol,

Enclosed are the supporting documents for my claim against Debit Corp. The Debit Corp. basically stole \$14,915.00 from my family by misrepresenting the status of their company's financial woes and selling me a distributorship serving the metro Atlanta Ga. Market. During my relationship with them they never attempted to perform the contractual obligations as outlined in our contractual agreement. They basically took my money and never looked back and when I filed a complaint against them with Better Business Bureau of South Florida they still did nothing and just made promises and never delivered just eased into bankruptcy. I am not a wealthy person in fact I have been unemployed except for this for the past year and a half. The money I invested with Debit Corp. was my kids college fund money and now its all gone. I submit that Debit Corp new last summer they were having financial woes and took my money and just kept it. It took me ten years to save what they took from me and now they are hiding behind the courts. What Debit Corp company officials did is no different from Enron, Worldcom, and all the other cheaters ripping off investors by lieing about the financial health of their organization to mislead and steal from others. This case should be turned over to the FBI or whoever prosecutes investment fraud because they stole my money and just paid themselves utilizing misleading and fraudulent tactics up to and including financial statements and are about to use the American judical system to keep driving their Mercedes Benzs which they stole money from my family to pay for. I SINCERELY HOPE IN YOUR WISDOM YOU SEE WHAT THEY DID AND MAKE THEM COME BEFORE THE PROPER PROSECUTOR FOR THEIR FRAUDULENT ACTIVITIES.

Sincerely

A handwritten signature in black ink, appearing to read "Michael D Goins", with a stylized flourish at the end.

Michael D Goins  
770-482-5229  
770-595-0796

**PURCHASE ORDER**  
**DEBIT CORPORATION**  
**OF AMERICA, INC.**

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003828

County DEKALB COUNTY GA.

Purchaser's Name MICHAEL D. GOINS Date JULY 28 2003

Purchaser's Address 5987 FAIRFIELD ESTATES DRIVE

City LITHONIA State GA Zip 30058

Home Phone 770 482 5229 Business Phone 770 722 7559 CELL

No. of Sales

Systems to ship: 3

Face Value of Prepaid MasterCard

Activation Certificates to ship: \$ 4500.00

Purchase Price Sales Systems .....	\$ <u>14915.00</u>
Purchase Price of Additional Items .....	\$ <u>N/C</u>
Total .....	\$ <u>14915.00</u>
Sales Tax (FL Residents Only) .....	\$ <u>— N/A</u>
Amount Paid .....	\$ <u>14915.00</u>

Special Provisions INCLUDES \$ 1500.00 IN BONUS CARDS.  
BANKWIRE from Peoples Bank Lithonia GA 7-29-03  
DISTRIBUTOR HAS RIGHT TO UPGRADE TO GOLD PKG FOR  
DIFFERENCE IN PRICE ON OR BEFORE AUG 15 03  
DISTRIBUTOR HAS 1st RIGHT OF REFUSAL FOR DEKALB CO. GA.

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

**ACCEPTED AND APPROVED**

  
COMPANY OFFICER

By: MICHAEL D. GOINS  
BUYER

OFAC

VERIFIED

# The Peoples Bank FUNDS TRANSFER RECORD

(Federal Regulations require that all information be provided)

*(I will run entry)*

AT#5  
7-29-03

Incoming	Outgoing
Accepted only for established customers	Accepted only for established customers
\$	\$ 14,915.00
Execution Date:	Execution Date: 7-29-03
Received From:	Originator: Name: Michael B. Davis ✓ Address: 5987 Fairfield Estates Dr (required in >\$3,000.00) Littleton, CO 80120-8345
ABA #:	Debit Account Number: 25398408 ✓
Beneficiary Bank:	Send to- Bank:
ABA #:	ABA #:
Beneficiary Name:	Name of Beneficiary's Bank: Suntrust Bank, N.A. Hallandale, FL 33009
Account Number:	ABA #: 061000104 ✓
Originator:	Beneficiary's Name: Debit Corporation of America ✓ Account Number: 1000009249227 ✓
Additional Instructions:	Beneficiary's Address: (optional)
If notification was received by phone: Correspondent Bank: Verified By: Time: Officer Approval (required)	Additional Instructions: ID# 003828 ✓

## Outgoing Wire Transfer Authorization

I (originator) request and authorize The Peoples Bank (bank) to make the wire transfer specified above. I acknowledge that this wire transfer is IRREVOCABLE to the extent not prohibited by law, and the bank's obligations are limited to the exercise of ordinary care in the processing thereof. **IMPORTANT NOTICE:** The beneficiary bank may make payment based on the account number specified above, even if the name of the account is different than the named beneficiary.

*Michael D. Davis* 7-29-03 12:05  
Authorized Signer (sender) Date Time

If outgoing request was received by fax or telephone, pursuant to a Funds Transfer Agreement and Authorization in file, a call back is required for confirmation by an authorized party.	
Verified with _____	at _____ (time)
Verified by _____	Officer Approval _____
Date Sent (received): 7/29/03	Time Sent (received): 2:15 PM
Processed by: <i>LD</i>	Officer Approval: <i>J. Davis 7-29-03</i>

All outgoing wires must be originated by 1) original signature, or 2) internet banking, or 3) Funds Transfer Agreement.

This Independent Sales Representative Marketing Agreement may be signed in any number of counterparts, each of which shall be an original for all purposes, but all of which shall constitute one agreement. All signatories for the principals below agree that facsimile copies and signatures are to be considered as legal and shall be binding as if originals. All signatories for the principals below agree that they are authorized to enter into binding agreements for said Parties.

Approved And Agreed To By:  
Debit Corporation of America, Inc.

Agreed To By ISA:

  
Jack Gordon  
President

Company Name \_\_\_\_\_

Print Name Michael D. Goins

Date 8/18/03

Title \_\_\_\_\_

Signature Michael D. Goins

Date 8-08-03

Tax I.D. or SS # 244 04 5699

Contact Phone Number 770 482 5229

ISA ID#: 003828

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

**\*\*\* NOTICE \*\*\***

**This proof of claim contains attachments  
which exceed the five (5) page limitation  
pursuant to Local Rule 3001-1 (A)(3).**

**Rule 3001-1 Proof of Claim.**

**(A)(3) Attachments:** A proof of claim, including a proof based on a writing and filed pursuant to Bankruptcy Rule 3001(c), should not include more than 5 pages of attachments; however, the proof of claim must include a list or summary of any invoices or other omitted attachments that would have been included but for this page limitation. No original papers shall be attached. Interested parties requiring copies of the entire instrument upon which liability is based for claims filed pursuant to Bankruptcy Rule 3001(c) shall submit a request directly to the claimant who, without further order of the court, shall provide copies to the requesting party.